

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12/594695

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14	1		1			
15		2		1		
16	1		1			
17	1		1			
18	1		1			
19				1		
20				1		
21				1		
22				1		
23				1		
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	14	←	26	←		←
TOTAL CLAIMS	21		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						